



**Riverina  
WINEGRAPE  
GROWERS**

# FORMAL ACCESS APPLICATION

This form must be used for all winegrape grower applications to access information held by the Wine Grapes Marketing Board

*Completed Forms to be forwarded to board@wgmb.net.au*

*If you require assistance completing this form please contact the Board staff on 02 6962 3944 or board@wgmb.net.au*

*There is no cost to constituted winegrape growers for this service.*

## Part One - Details of Winegrape Applicant

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

## Part Two - Details of Application

I request access to information concerning: (please detail what you require from the Board)

Information contains details about my personal affairs/farm etc: (check box) YES NO

## Part Three - Form of Access

*Please tick the appropriate section:*

I wish to inspect the information:

I require a copy of the information:

*In what format do you want the information?*

Hard copy:

Electronic:

Sent to a third party (complete below):

## Part Four - Where do you wish the documents to be forwarded to?

*Please tick the appropriate section:*

Send to postal address above:

Send to Email address provided:

Send to another person:

Please hold for collection:

Details of other person: (Information is to be sent to)

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

## Part Five - Signed Authority by Grape grower (must be completed prior to processing of request)

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicants Name: \_\_\_\_\_ <=SECTION MUST BE COMPLETED

OFFICE USE ONLY: \_\_\_\_\_ Date: \_\_\_\_\_

(name of Staff member that completed the request and date completed)